2013 Lead Hazard Reduction Training Program Registration Form

Name of Sponsoring CHIP Community: _____

Name of CHIP Administrative Agency: _____

CHIP Administrative Agency Contact: _____Telephone # _____Email Address _____

Participant(s) Name	Home Address	E-Mail Address/Fax	Telephone Number	Session Type *	Session Location & Date

If an auxiliary aid is needed by a participant due to a disability, please specify type: _____

***Please use the following acronyms**

- RRP/Lead-Safe Renovation and Remodeling Initial Training = **RRP/L$RRI** (1 day training)
- RRP/Lead-Safe Renovation and Remodeling *Refresher* Training = **RRP/L$RRR AM** (8:00 a.m. – 12:00 p.m.) or **RRP/L$RRR PM** (1:00 p.m. – 5:00 p.m.)
- Residential Lead Abatement Training for Contractors = **RLATC** (5 day training)
- Residential Lead Abatement *Refresher* Training for Contractors = **RLARTC** (1 day training)
- Lead Inspector/Risk Assessor Training = **LI/RA** (5 day training)
- Lead Inspector/Risk Assessor *Refresher* Training = **LI/RAR** (1 day training)

Submit via mail, fax or e-mail to: Michele Garfield, Corporation for Appalachian Development, 1 Pinchot Lane, P.O. Box 787, Athens, OH 45701
Fax Number: 740.592.5994 or Email Address: mgarfield@coadinc.org Phone Number: 740.594.8499 *ext.* 204